Influenza 2010-2011: An update

L.J Tan

Director, Medicine and Public Health, AMA Co-Chair, National Influenza Vaccine Summit

AMA Survey of Physicians

- Quick email survey to identify pulse of physician provider regarding influenza immunization and the universal recommendation
- Utilized an established AMA opt-in email list of physicians.
- Sample of 77,846, with 2% response rate (1,503)
 - 848 primary care (PCP)
 - 655 specialists
- Short duration, one time survey
 - No reminders sent
 - No incentives
 - Only open for two weeks (Jan 27 Feb 9, 2011)
- Potential responder bias! Self reported!

Did you receive/provide influenza vaccination in the 2010-2011 season?

	% (total)	% (PCP)	% (Specialist)
Received			
Yes:	86.2	90.2	80.9
No:	13.8	9.8	19.1
Provided			
Yes:	74.0	94.2	47.8
No:	26.0	5.8	52.2

Impact of Universal Recommendation

Compared to past seasons, how did the CDC's recommendation impact the amount of seasonal influenza immunizations you administered in the 2010-2011 season?

(Among Those Who Provided Immunizations in 2010-2011 Season)

	N	%
I provided more	344	30.9
I provided the same amount	601	54.0
I provided less	94	8.5
Not sure	73	6.6
Total	1112	100.0

Are we reaching the public with the universal recommendation message?

To what extent are your patients familiar with the CDC's recommendation?

(Among Those Who Provided Immunizations in 2010-2011 Season)

	N	%
Very familiar	249	22.4
Somewhat familiar	511	46.0
Not familiar	296	26.6
Not Sure	56	5.0
Total	1112	100.0

Which of the following steps have you taken to help implement the new recommendation in your practice? Please select all that apply. (Among Those Who Provided Immunizations in 2010-2011 Season)

	N	% of Respondents*
Offer vaccination to all patients that come in	868	78.1%
Put up literature/posters in your waiting room advising patients of the new CDC recommendation	424	38.1%
Put up reminders for clinic staff	394	35.4%
Order more vaccine	365	32.8%
Implement a standing order	253	22.8%
Other	75	6.7%
None, haven't implemented anything new	102	9.2%
Total Number of Respondents	1112	N/A

^{*}Percentages are based on the number of respondents who selected each category. The N is based on the total number of responses for each category, since this is a multi-choice question

Examples of steps taken to implement universal recommendation

- Offer to all as appropriate
- EHR reminder
- Open "flu vaccine clinics"
 - Weekend walk-in clinics
- Every patient during season was given a consent form at check in
- Make recommendation via my website, Facebook and Twitter
- Personally provide vaccine recommendations handout to patients
- Insurance won't allow. I give many of my pts the vaccine (I am a Rheumie) but I've been reminding as many as I can remember
- Made sure nurses also make effort to offer vaccine
- Written recommendation to all patients to get flu vaccine at plentiful retail outlet and clinics
- We recommended long before the CDC did so
- Advertised on our electronic billboard
- Telephone reminder calls to patients, website reminders, blog
- Give them a disclaimer that the quality of the vaccine has been "iffy"
- Tell patients that my previously healthy 7 year old son died from H1N1 in Nov 2009...

Which of the following do you anticipate being the biggest challenges to providing immunizations to all persons over 6 months of age every year in your practice? Please select all that apply. (Among Those Who Provided Immunizations in 2010-2011 Season)

	N	% of Respondents*
Patient concerns over vaccine safety	852	76.6%
Patient concerns over vaccine efficacy	419	37.7%
Cost to patient	318	28.6%
Vaccine supply	314	28.2%
Reimbursement issues	311	28.0%
Disease severity	142	12.8%
Other	141	12.7%
None, don't anticipate any challenges	51	4.6%
Total Number of Respondents	1112	N/A

^{*} Percentages are based on the number of respondents who selected each category. The N is based on the total number of responses for each category, since this is a multi-choice question.

Examples of challenges implementing universal recommendation

- Pt. concern re: severity of illness (perceived benign illness)
- Some patients are simply reluctant without clearly stated reasons
- Parents don't regard it as necessary find recommendation not credible
- Hard to guess what to order with so many options for receiving vaccine (public health, pharmacy, specialists, primary care
- Very available at retail supermarkets and pharmacies
- Not being able to operationally provide all patients with vaccines in my office; we need community, school, retail, workplace opportunities to provide influenza vaccine to this many patients
- We are not a PCP. Their PCP should deal with these issues.
- Timing of vaccine availability
- Scheduling issues; office staff do not have capacity to fully implement recommendation
- Confusion over best date to give
- Takes too long to vaccinate all patients even with vaccine clinics offered every Saturday in our practice
- I am employed; so do more work, but get no more money...
- It has already noticeably reduced the number of acute or urgent visits each day to the clinic

Other comments?

- The inability to return unused vaccine in the face of a year that it appears the disease will be mild limits our desire to overpurchase vaccine supply
- There remains a great deal of misinformation regarding the flu and the flu vaccine
- Consider TV ad recommending vaccination beginning 4 weeks before, and periodically through flu season
- Reimbursement will continue to be an issue as well as patient out of pocket costs
- These recommendations make total sense. I just wish they had been in place previously
- I think it is a good recommendation
- It was a mistake to include H1N1 in the 2010-11 seasonal vaccine. It was apparent months ago that H1N1 was over. Doing so has led to confusing and convoluted recommendations for second doses in children 60 months to 9 years, that confound parents and make them even less receptive to influenza vaccine
- I love the H1N1/seasonal combo!
- More data regarding the high dose influenza vaccine for the patients age >65

Other comments?

- We ordered vaccine early but got it late because supplying the Wal-Mart's and Walgreens of the world got higher priority than supplying medical practices
- We ordered more than we needed and now we are going to EAT the cost of @ \$2,000 worth of vaccine. many of our patients got their vaccines from local pharmacies and we were left holding the bag. Doctors shouldn't be responsible for these public health measures that then affect our bottom line
- It was great not to have a shortage of vaccine
- Keep up the good work. I believe that Flu vaccine should be mandatory for all health care providers
- I am delighted there is finally a simple recommendation for flu vaccine: it is much easier to cajole/encourage people to get the vaccine
- The US government should provide ALL vaccines EVERY YEAR to age appropriate and eligible recipients.
- There is a lingering suspicion that some third party purveyors stand to gain economically from all of these
- More and more parents are skeptical about the flu vaccines. I'm kind if tired if being viewed as vaccine pusher with financial agenda. The reimbursement is barely above cost.
- Would like feedback on how I am doing
- I think that having the vaccine available in local pharmacies is a very good idea and is certain to reach more people

From the National Influenza Vaccine Summit...

Perceptions Survey

- 73 responses
 - 39.7% local or state public health
 - 21.9% other (hospitals, university medical centers, physician organizations, and others)
 - 20.5% pharmacies
 - 17.8% community vaccinators
 - 5.5% vaccine distributor
 - 4.1% private practice
 - 4.1% vaccine manufacturer

General feelings about the Universal Recommendation

- There seems to be a lack of demand or concern for being vaccinated.
- Awareness and lack of awareness of the new universal recommendations seem to be evenly split among those who observed or tracked patients' perceptions.
- There should be more public communications and education regarding the universal recommendations.

How well we did

- Better uptake due to universal recommendation?
 - -39.4% Yes
 - -60.6% No
 - Reasons for lack of increased uptake:
 - Local and state health departments and hospital vaccination rates have decreased due to the availability of flu vaccine in pharmacies and retail locations.
 - Greater supply and less demand.

What was implemented to encourage success

- Communications and promotional materials were updated to highlight new recommendations.
- Universal recommendations promoted through press releases and public media (newspapers, signs, websites)
- Clinics were opened to all who were interested in receiving vaccine.
- More school based vaccination clinics conducted.
- Health-care provider protocols updated to reflect recommendation.

Implemented activities did improve seasonal influenza immunization rates

47.8% of responding providers did say that these activities did help them provide more seasonal influenza immunizations in the 2010-2011 season, compared to past seasons.

Identified Barriers

- 72.2% lack of demand /concern
- 47.2% concerns over vaccine safety
- 43.1% reimbursement issues
- 38.9% cost to patient
- 36.1% concerns over vaccine efficacy
- 23.6% disease severity
- 22.2% vaccine supply
- 1.4% no barriers identified

Challenges that lie ahead

- Experienced/anticipate challenges
 - -62.0% Yes
 - -38.0% No
 - Some challenges next season:
 - Public apathy
 - State law imposed age limits
 - Lack of future funding
 - Lack of education regarding the universal recommendation.